MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/583706

FILING DATE

APPLICANT(S)

50.
28 × 7 =

CLAIMS

	AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT			AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51		1				
2		1					52	1					
3		1					53	1	1				
4		1					54		1				
5		1					55		1				
6		1					56		1				
7		1					57		1				
8	1	7					58		1				
9		7					59		1				
10		7					60		1				
11		7					61		1				
12		7					62		1				
13		7					63		1				
14		7					64	1					
15		7					65		1				
16		7					66		1				
17		7					67		1				
18		7					68		1				
19		7					69		1				
20		7					70		1				
21		7					71		1				
22		7					72		1				
23		7					73						
24		7					74						
25		7					75						
26		7					76	1					
27		7					77		1				
28		7					78		1				
29		7					79		1				
30		7					80		1				
31		7					81		1				
32		7					82		1				
33		7					83		1				
34		7					84						
35		7					85						
36	1	7					86						
37		1					87						
38		1					88						
39		1					89						
40		1					90						
41		1					91						
42		1					92						
43		1					93						
44		1					94						
45		1					95						
46		1					96						
47		1					97						
48		1					98						
49		1					99						
50		1					100						
TOTAL IND.							TOTAL IND.	5					
TOTAL DEP.							TOTAL DEP.	246					
TOTAL CLAIMS							TOTAL CLAIMS	251					

PTO - 1360 (REV. 11/04)